



May 28, 2019

***VIA ECFS***

Federal Communications Commission  
Wireline Competition Bureau  
Industry Analysis and Technology Division  
Washington, DC 20554

Re: T-Mobile USA, Inc.  
FCC Form 395 – Common Carrier Annual Employment Report

To Whom It May Concern,

Enclosed is T-Mobile USA, Inc.'s ("T-Mobile") redacted Form 395 Common Carrier Annual Employment Report. T-Mobile is submitting a consolidated application for the following common carrier licensees:

T-Mobile License LLC  
Powertel Memphis Licenses, Inc.  
T-Mobile Puerto Rico LLC  
SunCom Wireless License Company, LLC  
Iowa Wireless Services Holding Corporation

T-Mobile is also submitting its unredacted response under separate cover with a request for confidential treatment under Section 0.459 of the Commission's rules. with the Office of the Secretary.

Please contact the undersigned at (425) 383-5178 or [shannon.reilly@T-Mobile.com](mailto:shannon.reilly@T-Mobile.com) if there are questions concerning this filing.

Respectfully submitted,

T-MOBILE USA, INC.

A handwritten signature in blue ink, appearing to read "SRK", with a long horizontal flourish extending to the right.

Shannon Reilly Kraus  
Sr. Corporate Counsel

Enclosures

**FEDERAL COMMUNICATIONS COMMISSION**  
Washington, DC 20554

Approved by OMB  
3060-0076  
Est. time per response:  
1 hour

**COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

**SECTION I - General Information**

1. Name and Mailing Address of Respondent

**T-Mobile USA, Inc.**

☐ Check here if this  
is a change of  
address.

2. Year Report Filled

**2019**

3. Reporting Period (Ending Date of Pay  
Period Covered by Report)

**03/26/2019**

4. Number of Full-Time Employees during Selected  
Reporting Period (check one):

- a. ☐ Fewer than 16 (complete Sections I, IV, and V only)  
b. ☒ 16 or more (complete all sections)

**SECTION II - Full-Time Employees**

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N			
	Race/Ethnicity																	
	Hispanic or Latino							Not-Hispanic or Latino										
	Male		Female		White		Black or African American		Native Hawaiian or Other Pacific Islander		Asian		Native Hawaiian or Other Pacific Islander		American Indian or Alaska Native		Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O			
Executive/Senior Level Officials and Managers	1.1																	
First/Mid-Level Officials and Managers	1.2																	
Professionals	2																	
Technicians	3																	
Sales Workers	4																	
Administrative Support Workers	5																	
Craft Workers	6																	
Operatives	7																	
Laborers and Helpers	8																	
Service Workers	9																	
<b>TOTAL</b>	10																	
<b>PREVIOUS YEAR TOTAL</b>	11																	

**SECTION III - Part-Time Employees.**


Job Categories	Number of Employees (Report employees in only one category)															Total Columns A - N
	Race/Ethnicity															
	Hispanic or Latino		Male							Not-Hispanic or Latino						
			Female													
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Executive/Senior Level Officials and Managers	1.1															
First/Mid-Level Officials and Managers	1.2															
Professionals	2															
Technicians	3															
Sales Workers	4															
Administrative Support Workers	5															
Craft Workers	6															
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL	10															
PREVIOUS YEAR TOTAL	11															

**SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.160, 101.4, and 101.311.**

- ☐ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☒ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.

**SECTION V - Certification**

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	05/31/2019	Typed or Printed Name of Person Signing	Irene Ballard	Signature		Telephone No.	(425) 383-4781
Title of Person Signing		Manager, Legal Projects					
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).							

Open Date

Matter Name

Matter Status

Court Name

**Open Date**

**Matter Name**

**Matter Status**

**Court Name**

